



2614

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Qinggang Zhou and Robert J. Gove
Title: Image Processing Circuit and Method for Modifying a Pixel Value
Serial No.: 09/750,382
Filing Date: December 21, 2000
Examiner: Paulos M. Natnael
Unit: 2614
Attorney Docket No.: 1552-6-10

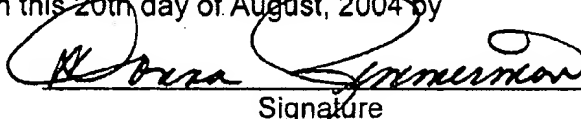
RECEIVED

AUG 30 2004

Technology Center 2600

CERTIFICATE OF MAILING

I hereby certify that this paper or fee is being deposited with the United States Postal Service as First Class Mail addressed to Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 20th day of August, 2004 by


Signature

Commissioner for Patents
Alexandria, VA 22313-1450

Amendment/Response

Dear Sir:

In response to the Office Action mailed May 20, 2004, please consider the amendments and remarks set forth herein.

Amendments to the Claims are reflected in the listing of claims that begins on page

2 of this paper.

01/10/2005 TBELL2 00000005 071897 09750382

01 FC:2201 Remarks/Arguments begin on page 14 of this paper.

Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	0	Minus	0	=	x	\$18/\$9 =	\$ -0-
Independent Claims	0	Minus	0	=	x	\$86/\$43 =	\$ -0-
Total additional fee for this amendment							\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

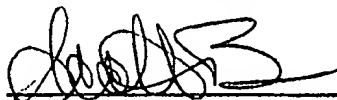
_____ Check No. _____ in the amount of \$ _____ is attached.

_____ Charge \$ _____ to Deposit Account No. _____. A copy of this sheet is enclosed.

X Please charge any deficiency fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



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Dated: August 20, 2004

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

9/750,386

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	70 minus 20 =	50
INDEPENDENT CLAIMS	13 minus 3 =	10
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	900.00
X40=		OR	X80=	800.00
+135=		OR	+270=	
TOTAL		OR	TOTAL	2410

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

8.24.04

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	70	Minus	70	=
	Independent	16	Minus	13	= 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	258
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus	**	=
	Independent		Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus	**	=
	Independent		Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.